

Secureone, Inc.

4701 W Midlothian Turnpike, Suite 2
Crestwood, IL 60445

Fee – Applicant Fingerprint Request

Please Print Clearly:

Last Name: _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ Sex _____ Race _____

Eye Color _____ Current Hair Color _____ Height _____ Weight _____

Phone # (____) _____ Social Security # ____ - ____ - ____

Place of Birth (State or Country) _____ Email _____

Common reasons for fingerprinting (call for more):

	CCI/CCW – Firearm Concealed Carry and Instructors
	CCL/UDC – Child Care and Unlicensed Daycare License
	LPN/RPN – Licensed and Registered Nurse
	SEC/PSA/PAC – Security Guards / Detectives / Alarm
	VDS – Vehicle Dealer License
	VGL – Video Gaming License
	Other:

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency organization, institution, or entity having such information on file. I authorize Secureone Inc. to capture and transmit my fingerprints to the Illinois State Police (ISP) and/or Federal Bureau of Investigation (FBI) for the purpose of checking my criminal history record information. I understand that my prints may be retained by the State Police and/or FBI pursuant to applicable statute. I understand that if my prints are AFIS unacceptable and reprinting is necessary to receive results, the customer is required to pay the reprint fee.

Signed _____ Dated _____

TCN # LS11127 - _____ ORI _____